

REPORTING DEPARTMENT

CRASH INVESTIGATION SH 10074 REVISED April 4, 2005 NMDOTCR		<input type="checkbox"/> ON PRIVATE PROPERTY	<input type="checkbox"/> FATAL	<input type="checkbox"/> PROPERTY DAMAGE ONLY	<input type="checkbox"/> UNDER \$500	<input type="checkbox"/> \$500 OR MORE	<input type="checkbox"/> HIT AND RUN	Case Number: <b>NMDOT:</b>											
DATE OF CRASH 5/6/2007		M/D/YR	MILITARY TIME	CITY OCCURRED IN			COUNTY												
SUN	M	Tu	W	Th	F	S	OCCURRED ON: (Route No. or Name)				AT INTERSECTION WITH:								
OTHER LOCATION		<input type="checkbox"/> FEET <input type="checkbox"/> MILES		N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	OF:	PERMANENT LANDMARK - COUNTY LINE - INTERSECTION - MILEPOST				LAT:	LONG:					
CRASH OCCURRED		On Roadway Off Roadway		CRASH CLASSIFICATION		Overturned Rollover		<input type="checkbox"/> Other N-Coll	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Other Vehicle	<input type="checkbox"/> Vehicle on Other Rdwy	<input type="checkbox"/> Parked Vehicle	ANALYSIS CODE:						
VEHICLE NO. 1 HEADED		N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	On:				Posted Speed		Safe Speed							
Driver's Full Name						Address													
Driver's License Number		State	Type	Restrictions	Expires	City/State				Zip Code		Phone							
Date of Birth - M/D/YR		Social Security Number		Occupation				Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS#			
Seat Pos	Occupant's Name					Occupant's Address (City, State, Zip)													
Vehicle Yr	Vehicle Make		Color	Body S	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)	Towed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Overall Vehicle Damage	Extent	<input type="checkbox"/> RF	<input type="checkbox"/> RR					
License Yr	State		License Plate Number		VIN	ICC Docket #		Towed due to disabling damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Heavy	<input type="checkbox"/> Functional	<input type="checkbox"/> Appearance	<input type="checkbox"/> Moderate	<input type="checkbox"/> Property	<input type="checkbox"/> Slight	<input type="checkbox"/> Fire	<input type="checkbox"/> None	
Number of Axles	Gross Vehicle Weight Rating/Gross Combination Weight Rating				Hazmat Placard 4 digit #	OR	Hazmat Name	AND	1 digit #		Hazmat Released?								
<input type="checkbox"/> < or = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000								<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No							
Carrier's Name						Carrier's Address								Carrier's Zip					
Owner's Name						Owner's Address								Owner's Zip				Owner's Telephone	
Insured By: (Name of Company)			Policy Number			Liability Insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make	License Yr	Lic. State	Lic. Number			
VEHICLE NO. 2 OR PEDESTRIAN HEADED		N <input type="checkbox"/>	S <input type="checkbox"/>	E <input type="checkbox"/>	W <input type="checkbox"/>	On:				Posted Speed		Safe Speed							
Driver's Full Name						Address													
Driver's License Number		State	Type	Restrictions	Expires	City/State				Zip Code		Phone							
Date of Birth - M/D/YR		Social Security Number		Occupation				Age	Sex (M/F)	Race	Injury Code	OP Code	OP Used Properly	Airbag Deploy	Ejected	EMS#			
Seat Pos	Occupant's Name					Occupant's Address (City, State, Zip)													
Vehicle Yr	Vehicle Make		Color	Body S	Cargo Body Type	Vehicle Use (1)	Vehicle Use (2)	Towed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Overall Vehicle Damage	Extent	<input type="checkbox"/> RF	<input type="checkbox"/> RR					
License Yr	State		License Plate Number		VIN	ICC Docket #		Towed due to disabling damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Heavy	<input type="checkbox"/> Functional	<input type="checkbox"/> Appearance	<input type="checkbox"/> Moderate	<input type="checkbox"/> Property	<input type="checkbox"/> Slight	<input type="checkbox"/> Fire	<input type="checkbox"/> None	
US DOT					Hazmat Placard 4 digit #	OR	Hazmat Name	AND	1 digit #		Hazmat Released?								
Number of Axles	<input type="checkbox"/> < or = 10,000 lbs <input type="checkbox"/> 10,001 to 26,000 <input type="checkbox"/> > 26,000						<input type="checkbox"/> Yes	<input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No								
Carrier's Name						Carrier's Address								Carrier's Zip					
Owner's Name						Owner's Address								Owner's Zip				Owner's Telephone	
Insured By: (Name of Company)			Policy Number			Liability Insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Trailer or Towed vehicles	Type	Year	Make	License Yr	Lic. State	Lic. Number			
CRASH REPORT NUMBER: <b>Error: Reference source not found</b>				STATE OF NEW MEXICO UNIFORM CRASH REPORT <b>ISSUING AGENCY COPY</b>										SHEET OF SHEETS					

ROAD - WEATHER	LIGHTING (Mark 1 with X)		WEATHER (Mark 1 with X)		ROAD COND (Mark 1 each with X)		ROAD SURFACE (Mark 1 each with X)		TRAFFIC CONTROL (Mark 1 each with X)		ROAD CHARACTER (Mark 1 with X)		CRASH REPORT NUMBER: Error: Reference source not found				
	<input type="checkbox"/> Daylight	<input type="checkbox"/> Clear	VError: Reference source not found	VError: Reference source not found	VError: Reference source not found	VError: Reference source not found	VError: Reference source not found	VError: Reference source not found	<input type="checkbox"/> Straight	CASE NUMBER: Error: Reference source not found							
	<input type="checkbox"/> Dawn	<input type="checkbox"/> Raining	VError: Reference source not found	VError: Reference source not found	<input type="checkbox"/> Dusk	<input type="checkbox"/> Snowing	<input type="checkbox"/> Fog	<input type="checkbox"/> Paved	<input type="checkbox"/> Curve	<input type="checkbox"/> Unstriped	<input type="checkbox"/> No Passing Zone	<input type="checkbox"/> Grade	ROAD DESIGN (Mark 1 or more for each with X)				
	<input type="checkbox"/> Dark Lighted	<input type="checkbox"/> Dust	<input type="checkbox"/> Wind	<input type="checkbox"/> Other	<input type="checkbox"/> Dark-Not Lighted	<input type="checkbox"/> Sleet or Hail	<input type="checkbox"/> Other	<input type="checkbox"/> Stop Sign	<input type="checkbox"/> Level	<input type="checkbox"/> Wet	<input type="checkbox"/> Traffic Signals	<input type="checkbox"/> Hillcrest	<input type="checkbox"/> Undeveloped				
	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Loose Material	<input type="checkbox"/> Ice	<input type="checkbox"/> Yield Sign	<input type="checkbox"/> On Grade	<input type="checkbox"/> Other	<input type="checkbox"/> R.R. Gate	<input type="checkbox"/> Physical Divider	<input type="checkbox"/> One Way				
						<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 4 Way Stop	<input type="checkbox"/> Dip	<input type="checkbox"/> Other	<input type="checkbox"/> Slush	<input type="checkbox"/> Other	<input type="checkbox"/> Ramp				
								<input type="checkbox"/> Flashers	<input type="checkbox"/> 1 Lane	<input type="checkbox"/> Other	<input type="checkbox"/> Painted Divider	<input type="checkbox"/> Full Access Control					
								<input type="checkbox"/> No Controls	<input type="checkbox"/> 2 Lanes	<input type="checkbox"/> Alley							
								<input type="checkbox"/> Other	<input type="checkbox"/> 3 Lanes	<input type="checkbox"/> Other							
									<input type="checkbox"/> 4 + Lanes	<input type="checkbox"/> Constr. Zone							
EVENT	APPARENT CONTRIBUTING FACTORS (Mark 1 or more for each with X)									WHAT DRIVERS WERE DOING (Mark 1 or more for each with X)			SEQUENCE OF EVENTS (See event codes)				
	<input type="checkbox"/> Excessive Speed	<input type="checkbox"/> Following too closely	<input type="checkbox"/> Made improper turn	<input type="checkbox"/> Defective steering	<input type="checkbox"/> Stopped for traffic	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Going Straight	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Right Turn	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> FIRST EVENT				
	<input type="checkbox"/> Speed too fast for conditions	<input type="checkbox"/> Driver inattention	<input type="checkbox"/> Under influence of alcohol	<input type="checkbox"/> Defective tires	<input type="checkbox"/> Stopped for sign/signal.	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Other mechanical defect	<input type="checkbox"/> Overtaking - Passing	<input type="checkbox"/> Start in traffic lane	<input type="checkbox"/> Left Turn	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> SECOND EVENT				
	<input type="checkbox"/> Failed to yield right of way	<input type="checkbox"/> Other improper driving	<input type="checkbox"/> Pedestrian error	<input type="checkbox"/> Road defect	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Other No driver error	<input type="checkbox"/> Traffic control not functioning	<input type="checkbox"/> U Turn	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Slowing	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> THIRD EVENT				
	<input type="checkbox"/> Passed stop sign	<input type="checkbox"/> Disregarded traffic signal	<input type="checkbox"/> Drove left of center	<input type="checkbox"/> Inadequate brakes	<input type="checkbox"/> Failed to yield-Police Vehicle(s)	<input type="checkbox"/> Failed to yield-Emergency Veh(s)	<input type="checkbox"/> Improper lane change	<input type="checkbox"/> Improper backing	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Backing	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> Reference source not found	<input type="checkbox"/> FOURTH EVENT				
	<input type="checkbox"/> Improper overtaking	<input type="checkbox"/> Avoid no contact vehicle	<input type="checkbox"/> Avoid no contact – other	<input type="checkbox"/> High speed pursuit	<input type="checkbox"/> None												
DRIVER	DRIVER OR PEDESTRIAN SOBRIETY (Mark 1 or more for each with X)			DRIVER OR PEDESTRIAN PHYSICAL CONDITION (Mark 1 or more for each with X)			PEDESTRIAN ACTION										
	<input type="checkbox"/> Consumed Alcohol	<input type="checkbox"/> Consumed a Controlled Substance	<input type="checkbox"/> Had Not Consumed Alcohol	<input type="checkbox"/> Sobriety Unknown	<input type="checkbox"/> Consumed Medication	<input type="checkbox"/> Breath Test Administered gms/210L	<input type="checkbox"/> Blood Test Administered gms/210L	<input type="checkbox"/> Field Sobriety Test	<input type="checkbox"/> At Intersection	Not at Intersection							
	<input type="checkbox"/> Fatigue-Asleep	<input type="checkbox"/> Eyesight Imp.	<input type="checkbox"/> Hearing Imp.	<input type="checkbox"/> III	<input type="checkbox"/> Medication	<input type="checkbox"/> Amputee	<input type="checkbox"/> No App. Defects	<input type="checkbox"/> *Other Physical Impairment	<input type="checkbox"/> With Signal	<input type="checkbox"/> Against Signal	<input type="checkbox"/> No Signal	<input type="checkbox"/> Diagonal	<input type="checkbox"/> From Behind Obstruction	<input type="checkbox"/> Walking Against Traffic			
	<input type="checkbox"/> Standing	<input type="checkbox"/> No Crosswalk	<input type="checkbox"/> Crosswalk	<input type="checkbox"/> Walking W/Traffic	<input type="checkbox"/> Playing in Road	<input type="checkbox"/> *Other			<input type="checkbox"/> Standing	<input type="checkbox"/> Pushing or Working on Vehicle							
NARRATIVE	Describe what happened – refer to vehicles by number.																
	Use Diagram/Narrative Sheet for additional information																
OTHER PROPERTY INVOLVED		DESCRIPTION OF PROPERTY AND DAMAGE															
		Owner's Name			Owner's Address					Owner's Zip Code			Owner's Telephone				
WITNESS	NAME		AGE		ADDRESS							TELEPHONE					
ENFORCEMENT	VEH. NO.		NAME				VIOLATION (COMMON NAME)				ACTION						
											<input type="checkbox"/> Booked	<input type="checkbox"/> Cited	<input type="checkbox"/> Pending				
											<input type="checkbox"/> Booked	<input type="checkbox"/> Cited	<input type="checkbox"/> Pending				
											<input type="checkbox"/> Booked	<input type="checkbox"/> Cited	<input type="checkbox"/> Pending				
Time Notified	Time Arrived	Notified By			Supervisor at Scene				Checked By								
Officer's Signature					Print Officer's Name				Rank		ID No.		District		Date of Report		
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THIS REPORT MAY CONTAIN OPINIONS AND OBSERVATIONS OF THE INVESTIGATING OFFICER

# DIAGRAM/NARRATIVE

Use Additional Sheets As Necessary

CRASH REPORT NUMBER Error: Reference  
CASE NUMBER Error: Reference source not found

DIAGRAM DRAWN BY:

MEASUREMENTS TAKEN BY:



Indicate  
North  
By  
Arrow

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